

**REMARKS**

Applicant has amended the present application to transform allowable claim 20 into independent form and has amended the other claims to depend on claim 20. Claims 8-13 and 17-18 have been cancelled without prejudice or disclaimer. Allowance is requested.

**Fee Authorization**

Should any fee be necessary for this submission, the Commissioner is hereby authorized to charge **Deposit Account No. 01-2213 (order no. 5094)**. Any deficiency or overpayment should be charged or credited to this deposit account.

Respectfully submitted,

Date: July 2, 2008

/Phil Makrogiannis/  
Phil N. Makrogiannis  
Reg. No. 47,766  
Attorney for Applicants

**CORRESPONDENCE ADDRESS**

Customer Number: 22896  
APPLERA CORPORATION  
Applied Biosystems Group  
850 Lincoln Centre Drive  
Foster City, California 94404  
TEL: 650-554-2164  
FAX: 650-638-6677